Pictures, Stories, and Studies on Sensory Rooms from a Variety of Mental Health Settings

If you are developing a Sensory Room, plan to visit other facilities to see what décor and equipment has worked in their setting. Talk to their staff about good and bad experiences and ask for their input and recommendations. The following units have agreed to share pictures, choices for décor and equipment, and a few stories.

Neuropsychiatric Unit at UMASS Medical Center

Adult Unit for Developmentally Delayed and Learning Challenged Patients with Psychiatric Issues

Kristin Schuler, occupational therapist, proudly shows the Sensory Room on her unit that serves adults who are usually in crisis that have learning challenges along with psychiatric issues. This room is open at times when supervision is available for "drop-in" patients and it is also used for individual treatment and small groups such as a Social Skills Group. The room is usually kept moderately bright. Patients are attracted to the bubble mirror on the back wall. Sensory items are kept in the cabinet or on the shelves of the bookcase where they are easily accessible. The weighted lap pad shown on the back of the chair is not nearly as popular as the 5 pound white rabbit or the 10 pound "heavy duty" dog. Other favorite activities include listening to music or books on tape such a classic fairytales, sorting and "sewing" activities, looking through pet magazines, and blowing bubbles, (good for breath support). Each evening the cleaning staff wipe everything used that day with germicidal disposable wipes and sanitation has not been an issue.

Patients love the room and find it a place of comfort. Kristin told me this story:

It was discovered that a man on the unit had a broken knuckle when staff noticed swelling. This man was unable to report pain due to his impaired cognition (ACL 3.0); he was uncooperative at times and had behavioral issues. He was occasionally self injurious. It was not known how the broken knuckle occurred. Knowing that his favorite place was the sensory room, the staff brought him there for assessment treatment for the knuckle. Kristin came back on the unit from lunch to find the hall full of x-ray machines and other equipment. The sensory room was coated with casting dust. Staff told her that they called for the orthopedic department to perform all necessary procedures there on the unit. It was a welcome surprise to unit staff that the patient was cooperative and even allowed the cast to be applied as he sat in his beanbag chair.

The story speaks for itself on the value and appreciation for this room by patients as well as staff on this unit.

were involved in group sessions in the room. Data also supports the use of the room by nursing as well as OT staff and active use by the evening shift.

Westborough State Hospital Mental Health Unit for Deaf Persons

Diane Trikakis, occupational therapist, was instrumental in setting up a Comfort Room on her unit. The unit has a long history of incorporating sensory modalities into their programs. This approach was particularly successful for this population deprived of input from a critical sense.

The Comfort Room on the Deaf Unit at Westborough State Hospital is bright and cheery. It was designed to be safe enough to leave open 24/7 for patients to use throughout the day and evening without the need for constant supervision. The walls are painted with a palm tree theme and the ceiling is painted blue with clouds. There are no cabinets or sensory supplies in the room. Diane explains that the Comfort Room only has things inside that are safe for all patients to use including a Snozelon Huddle Cuddle Cushion, a bean-bag chair, a couple low to the floor rockers, weighted blanket, weighted stuffed dog, a punching bag, some squeeze balls, and a couple of scenic posters. Sensory items are kept in on a cart which can be wheeled into the room as needed.

Summit Behavioral Healthcare, Ohio Department of Mental Health Hospital

Kim White, OTR/L and her department staff designed a Sensory Room for their new hospital's "Recovery Mall." Kim shares they were overwhelmed at first, but she formed a small subgroup with two other practitioners and they each took on "assignments" to search for ideas, articles, and advice. One year later they have a fabulously outfitted room; they run three Sensory Awareness Groups weekly and patients are also seen on an individual basis. They purchased some high-tech items and low-tech items including a Somatron vibroacoustic chair, weighted blankets, platform swing (alerting), air walker swing (calming), and a dome light installed in the ceiling that changes hues and intensity in response to sound. Kim explains that she and her staff work with patients with high incidents of restraints and PRN meds. Kim sent this story:

We have one particular patient that in the course of 3 ½ weeks, had assaulted 7 staff or other patients, and attempted to assault 5 others. Because of her violence, she spent a great deal of time in wrist to waist restraints. Her last assault was on January 3rd, and we started 1:1 sensory treatment with her on January 10th. Since then she has not hit anyone! We can't take full credit, but I

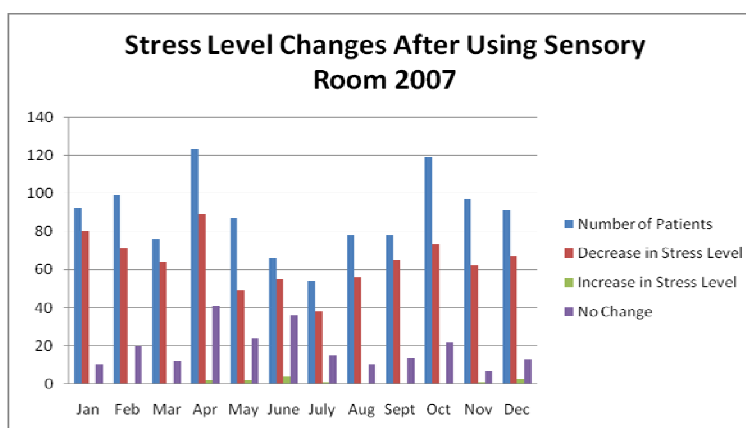
UMASS Medical Center Adult Unit for Acute Psychiatric Care

Maureen Quinlivan, occupational therapy supervisor, worked closely with the staff on this unit to create their Sensory Room. Their room has dark walls that contrast with the touchier up lighting, bubble lamp, and electric sound and motion pictures on the wall. The result is a cocoon like atmosphere that is very inviting. Patients are not allowed in this room unsupervised.

Maureen and the nurse manager and few other staff members visited Tina Champagne's sensory room in Western Massachusetts. While they were waiting for their room to be completed they collected sensory items in a suitcase, which could be brought into a patient's room. Trainings were provided for the entire staff on the use of sensory modalities. Weighted blankets were ordered and used with success on the unit.

The designated room was a former sun room and was extremely bright so the walls are painted a dark blue and louvered blinds are used to moderate the incoming light. The ceiling light was too bright so someone donated a touchier lamp which provides a comfortable glow. A dimmer for the overhead light has been suggested. Some fantastic sound and motion wall pictures were found for a reasonable price at a local discount store. Some items were purchased through catalogs and as staff and even families of staff found appropriate items they donated them to the room. The room is now used on a regular basis from supervised drop in times to one-to-one sessions with evening contact staff. Responses have been very positive from the perspective of staff members as well as patients. Incidents of restraint on the unit are now very rare; the sensory room is one component of a program of <u>restraint reduction</u> including Trauma Informed Care and th upon admission. Sensory coping strategies identified on the *Tool* are practiced in the sensory room.

Data on the use of the room is kept in a log book. Patients keep track of their information on a form which designates which type of sensory input was chosen along with a self rating form which rates their level of stress on a scale of 1-10 before and after using the sensory room. This chart, reflecting one year of data, and 1,089 visits shows decreases in perceived levels of s change in 22%. Levels of stress did not decrease as dramatically when patients



know that her sensory treatment has been a significant contributor to her success.

Feedback from staff regarding the room has been positive but they are just starting to collect formal information on outcomes**. When helping a colleague start a new sensory program and Sensory Awareness Group Kim gave the testimony, "One book that has been extremely helpful (and affordable) is The Sensory Connection Program by Karen Moore, OTR/L."**

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